

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

02/23/04

FLING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/		51						
2		/		/		/	52						
3		/		/		/	53						
4		/		/		/	54						
5		/		/		/	55						
6		/		/		/	56						
7		/		/		/	57						
8		/		/		/	58						
9		/		/		/	59						
10		/		/		/	60						
11	/		/		/		61						
12	/		/		/		62						
13	/		/		/		63						
14	/		/		/		64						
15		/		/		/	65						
16		/		/		/	66						
17		/		/		/	67						
18	/		/		/		68						
19	/		/		/		69						
20		/		/		/	70						
21		/		/		/	71						
22		/		/		/	72						
23		/		/		/	73						
24		/		/		/	74						
25		/		/		/	75						
26	/		/		/		76						
27	/		/		/		77						
28	/		/		/		78						
29		/		/		/	79						
30		/		/		/	80						
31	/		/		/		81						
32	/		/		/		82						
33	/		/		/		83						
34		/		/		/	84						
35		/		/		/	85						
36		/		/		/	86						
37		/		/		/	87						
38		/		/		/	88						
39		/		/		/	89						
40		/		/		/	90						
41		/		/		/	91						
42		/		/		/	92						
43		/		/		/	93						
44		/		/		/	94						
45		/		/		/	95						
46		/		/		/	96						
47		/		/		/	97						
48		/		/		/	98						
49		/		/		/	99						
50		/		/		/	100						
TOTAL IND.		1	3	1	3	1	TOTAL IND.						
TOTAL DEP.		1	12	1	12	1	TOTAL DEP.						
TOTAL CLAIMS		2	15	4	15	2	TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS